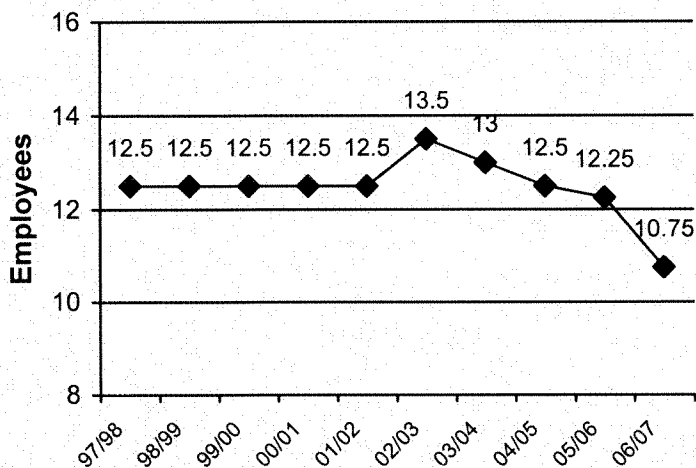


MISSION STATEMENT

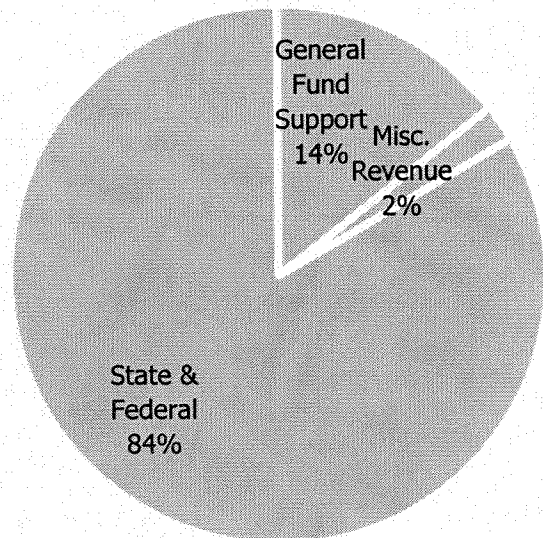
To ensure access to health care for all eligible adults who cannot afford to pay their medical bills.

<u>Financial Summary</u>	<u>2005-06 Budget</u>	<u>2005-06 Projected</u>	<u>2006-07 Requested</u>	<u>2006-07 Recommended</u>	<u>Change from 2005-06</u>
Revenues	\$ 3,629,672	\$ 3,651,122	\$ 3,672,305	\$ 3,615,270	\$ (14,402)
Fund Balance Available	\$ 166	\$ 166	\$ 0	\$ 0	\$ (166)
Cancelled Reserves	0	0	0	0	0
Total Financing Sources	<u>\$ 3,629,838</u>	<u>\$ 3,651,288</u>	<u>\$ 3,672,305</u>	<u>\$ 3,615,270</u>	<u>\$ (14,568)</u>
Salary and Benefits	\$ 1,018,909	\$ 895,914	\$ 887,621	\$ 830,586	\$ (188,323)
Services and Supplies	2,610,929	2,755,374	2,784,684	2,784,684	173,755
Other Charges	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Gross Expenditures	<u>\$ 3,629,838</u>	<u>\$ 3,651,288</u>	<u>\$ 3,672,305</u>	<u>\$ 3,615,270</u>	<u>\$ (14,568)</u>
Contingencies	0	0	0	0	0
New Reserves	0	0	0	0	0
Total Financing Requirements	<u>\$ 3,629,838</u>	<u>\$ 3,651,288</u>	<u>\$ 3,672,305</u>	<u>\$ 3,615,270</u>	<u>\$ (14,568)</u>

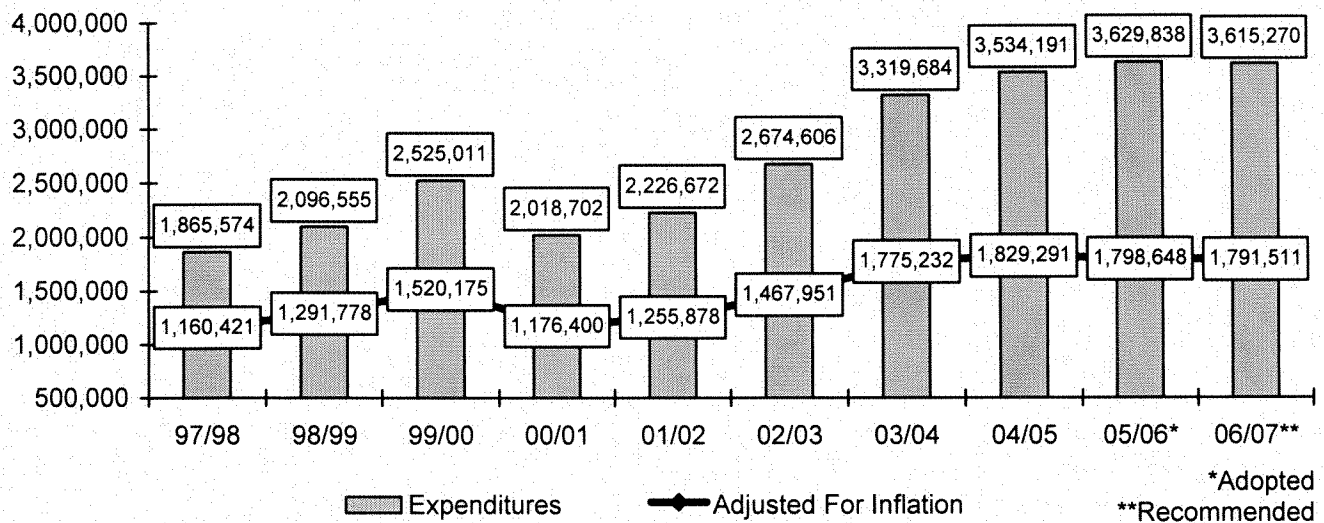
Number of Employees
(Full Time Equivalent)



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

CHIP/EMSP Program Support

Includes administrative, clerical and accounting support for the Other Indigent Health Programs and the Emergency Medical Services Program (EMSP).

Total Expenditures: \$57,504 Total FTE: 0.50

County Medical Services Program Administration (CMSP)

Authorize and pay for medical care to ensure access to health care for all eligible adults who cannot afford to pay their medical bills. Eligible individuals with incomes below 100% of federal poverty level have no share of cost; individuals with income between 100% of federal poverty level pay a monthly share of cost. Manage eligibility determination, medical pre-authorization, utilization review, case management, claims processing, accountability, program evaluation, and State reporting.

Total Expenditures: \$3,557,766 Total FTE: 10.25

DEPARTMENT COMMENTS

The County Medical Services Program authorizes medical care and makes payments for eligible County residents between ages 21 and 64 who do not qualify for Medi-Cal benefits and who are unable to pay for their medical care. This program was established to meet the legislative requirement of the Welfare and Institutions Code 17000, whereby the County is obligated to relieve and support poor and indigent persons in obtaining medical care. CMSP works in partnership with the Community Health Centers (CHC), local specialists and hospitals to insure access to high quality medical care services for eligible County residents to promote health and well-being and prevent or remediate conditions that undermine their health. Our mission aligns with the County's Communitywide Result, "A Healthy Community - The County will strive to ensure all people in our community enjoy healthy, successful and productive lives, and have access to the basic necessities."

In order to accomplish this, CMSP continues to evaluate and strive for ongoing improvement in the following areas (included are a few of our accomplishments for FY 05-06 to date):

- ❑ **Customer Service:** The community has increased their expectations in receiving speedy and comprehensive medical care services. CMSP has responded to this expectation by 1) increasing the panel of specialty physicians by 27, for a total of 509 physicians; 2) offering CMSP applications forms and program information in both English and Spanish; 3) providing bilingual CMSP forms and information on the County's website; 4) reducing the applicants' wait time by enabling them to complete their applications on-line and save the time it would take staff to enter the information manually; 5) paying medical providers within 30 days of receiving their claim(s); and 6) adopting a team approach with the CHC staff to facilitate access to healthcare in a timely and effective manner.
- ❑ **Internal Businesses Improvements:** Each month, the CMSP office serves an average of 657 walk-ins and maintains an average caseload of 800 individuals. Efficient internal processes of determining

eligibility, authorizing care and paying claims are key to ensuring timely access to needed medical services. A critical function of CMSP is to direct people who are not eligible for CMSP to other appropriate healthcare programs to insure that CMSP financial resources are reserved for eligible patients, as intended by the Board of Supervisors.

- ❑ **Finance:** CMSP avoids approximately \$1.2 million per year in medical expenses for patients that were redirected to Medi-Cal. CMSP is primarily funded by limited Realignment revenue and also receives a contribution from the General Fund in order to fill the financial gap that was created when the utilization and payments to private providers increased with the closure of the County Hospital.
- ❑ **Learning and Growth:** Employees are the most valued asset in the organization and in order to sustain a healthy work environment and delivery of services, it is critical that employees continue to learn, develop new skill sets, and stay current with healthcare issues. Five employees have attended classes at the Employee University.

The major focus areas of FY 06-07 are:

- ❑ **Customer Service:** 1) In partnership with the CHC Pharmacy, develop an informational brochure to clarify patient rights and responsibilities in order to improve the process of obtaining medications; 2) work with CHC to reevaluate their medication dispensing policies to determine if the supply limit (i.e. 30 day supply) for certain medications can be increased in order to reduce the number of patient pharmacy and clinic visits; and 3) pursue the idea of developing a complete Spanish version of CMSP's website information.
- ❑ **Internal Businesses Improvements:** 1) Enhance activities to perform more comprehensive Medi-Cal eligibility tracking and CMSP case management; 2) Improve 3 policies and procedures that have been identified as problematic for the clients and for staff; and 3) Identify 3 processes that can be improved to reduce cost and increase efficiencies.
- ❑ **Finance:** 1) Increase deferral of costs to Medi-Cal by 5% through improved Medi-Cal case management activities; and 2) strive to maintain the funding level from General Fund.
- ❑ **Learning and Growth:** 1) Facilitate roundtable discussions with staff on specific systems and processes relating to their job functions and develop cost effective improvements; and 2) encourage employees to develop their skills by attending Employee University courses with the goal of each employee attending at least one course.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Revenues and expenses in the requested and recommended budgets are relatively flat, less than a 1% increase in each. The level of General Fund support is budgeted to remain at the 05-06 level of \$522,040.

While total expenditures are only increasing by less than 1%, the mix of expenditures has changed significantly. As a result of a reorganization of the Health Agency, several positions have changed within this fund center. A Health Agency Administrator III position has been changed to a Program Coordinator II, a 1.0 Acute Care Supervising Nurse has been changed to a 0.5 Public Health Nurse, a 0.25 Accountant III and 0.75 Accountant III have been combined into a 1.0 Accountant III, and an Account Clerk position has been eliminated. These changes have resulted in a net reduction of 1.5 positions and approximately \$140,000 in savings to this fund center. These savings, coupled with \$33,000 of savings in Countywide Overhead and savings in various other accounts, have allowed for payments to providers of medical services to be increased by approximately \$190,000 while not increasing the County's level of General Fund support.

GOALS AND PERFORMANCE MEASURES

Department Goal: Improve health and reduce suffering by efficiently determining program eligibility and arranging for services to promptly diagnose and treat medical conditions.

Communitywide Result Link: A Healthy Community

1. Performance Measure: Percentage of client satisfaction surveys rating the office's overall performance as "satisfactory" or above.

01-02 Actual Results	02/03 Actual Results	03/04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
97%	98%	99%	98%	98%	98%	98%

What: Clients are surveyed to determine how well staff served them.

Why: Clients' responses will identify ways to improve services.

How are we doing? Clients' satisfaction with CMSP's performance remains high. Excellent customer service is our priority. CMSP employees are working towards a 100% success rate in interacting with the public professionally and appropriately so each encounter leaves our customers feeling well served. To improve confidentiality and the integrity of customer survey responses, a lock box for survey form collection has been provided so that customers may submit their survey forms anonymously.

Department Goal: Pay medical providers as quickly as possible.

Communitywide Result Link: A Healthy Community and Well Governed Community

2. Performance Measure: Number of medical claims processed in an hour

01-02 Actual Results	02/03 Actual Results	03/04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
N/A	N/A	N/A	9.45	10	14	14

What: This measure tracks our performance in processing medical claims quickly.

Why: This data communicates our efficiency in processing claims.

How are we doing? The claims processing task represents one of the many performance standards that is monitored to ensure our staff resources and funds are used efficiently. Claims processors can view on-line, real time CMSP eligibility and utilization review information to determine the proper adjudication of each claim. The claim adjudication information is electronically transferred to the Auditor's Office for payment. A computer generated Explanation of Benefits (EOB) is forwarded to the Auditor's Office to accompany each warrant. In FY 04-05, we processed 29,243 CMSP medical claims in 3,097 hours, which calculates to 9.44 claims per hour. The average cost of processing a CMSP medical claim is \$2.63. AAA Billing Service reports that the average cost of processing a medical claim is between \$6.00 and \$15.00. The State-run CMSP program and seven counties that were surveyed reported that they did not track the costs to process medical claims. For the first quarter of FY 05-06, we processed an average of 14 claims per hour at a cost of \$1.74 per claim.